

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 12, 2000 8:00 am**  
**Secretary of State**

06-12-2000 90032 042 \*\*\*550.00

DOCUMENT # **P 950000 39314**  
 1. Entity Name  
**CASTLE ROOM, INC.** ✓

Principal Place of Business Mailing Address

2. Principal Place of Business  
**222 CLEMATIS ST**  
 Suite, Apt. #, etc.  
**SUITE 207**  
 City & State  
**WEST PALM BEACH FL**  
 Zip  
**33401** Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number  
**65-0580931**  
 Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**GERALD VISCONTI, JR**  
**222 CLEMATIS ST, SUITE 207**  
**WEST PALM BEACH, FL 33401**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  
 SIGNATURE  DATE **6.2.00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

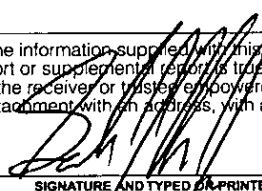
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**  
 10. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>D</b> <b>DALE J. BRISSON</b> <b>222 CLEMATIS ST, SUITE 207</b> <b>WEST PALM BEACH, FL 33401</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>D</b> <b>VINCENT HOLLAND</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>D</b> <b>DALE J. BRISSON</b> <b>222 CLEMATIS ST, SUITE 207</b> <b>WEST PALM BEACH, FL 33401</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>D</b> <b>VINCENT HOLLAND</b> <b>222 CLEMATIS ST, SUITE 207</b> <b>WEST PALM BEACH, FL 33401</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>D, P</b> <b>GERALD VISCONTI, JR.</b> <b>222 CLEMATIS ST, SUITE 207</b> <b>WEST PALM BEACH, FL 33401</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.  
 SIGNATURE:  **GERALD VISCONTI** DATE **6.2.00** DAYTIME PHONE # **561.366.0027**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)